

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Disability (such as social security, insurance payments)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Unemployment payments	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Public-assistance (such as welfare)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Other (specify):	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total monthly income:	\$ 2,738.00	\$ 0.00	\$ 2,166.00	\$ 0.00	

2. List your employment history for the past two years, most recent employer first. (*Gross monthly pay is before taxes or other deductions.*)

Employer	Address	Dates of employment	Gross monthly pay
Aucera Marketing Inc.	17535 Rosbough Blvd, Middleberg Hgts	2/13/2023 to 5/26/2024	\$ 1,750.00
n/a	n/a	n/a	\$ 0

3. List your spouse's employment history for the past two years, most recent employer first. (*Gross monthly pay is before taxes or other deductions.*)

Employer	Address	Dates of employment	Gross monthly pay
n/a	n/a	n/a	\$ 0
n/a	n/a	n/a	\$ 0
n/a	n/a	n/a	\$ 0

4. How much cash do you and your spouse have? \$ 3,000.00

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
GenFed	Checking	\$ 2,000.00	\$ 0.00
GenFed	Checing	\$ 100.00	\$ 0.00
Lyft	Account	\$ 1,000.00	\$ 0

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse		
Home (<i>Value</i>)	\$	96,000.00
Other real estate (<i>Value</i>)	\$	0.00
Motor vehicle #1 (<i>Value</i>)	\$	12,000.00
Make and year: Ford 2019		
Model: EcoSport		
Registration #: HTC 1226		
Motor vehicle #2 (<i>Value</i>)	\$	
Make and year: n/a		
Model: n/a		
Registration #: n/a		
Other assets (<i>Value</i>)	\$	0.00
Other assets (<i>Value</i>)	\$	0.00

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
AllState	\$ 10,000.00	\$ 0.00
n/a	\$ 0.00	\$ 0.00
n/a	\$ 0.00	\$ 0.00

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
Jonathan Sobolewski	Son	31
n/a	n/a	—
n/a	n/a	—

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8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (<i>including lot rented for mobile home</i>) Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$ 433.00	\$ 0.00
Utilities (<i>electricity, heating fuel, water, sewer, and telephone</i>)	\$ 280.00	\$ 0.00
Home maintenance (<i>repairs and upkeep</i>)	\$ 200.00	\$ 0.00
Food	\$ 500.00	\$ 0.00
Clothing	\$ 100.00	\$ 0.00
Laundry and dry-cleaning	\$ 25.00	\$ 0.00
Medical and dental expenses	\$ 0.00	\$ 0.00
Transportation (<i>not including motor vehicle payments</i>)	\$ 346.00	\$ 0.00
Recreation, entertainment, newspapers, magazines, etc.	\$ 15.00	\$ 0.00
Insurance (<i>not deducted from wages or included in mortgage payments</i>)		
Homeowner's or renter's:	\$ 0.00	\$ 0.00
Life:	\$ 0.00	\$ 0.00
Health:	\$ 0.00	\$ 0.00
Motor vehicle:	\$ 164.00	\$ 0.00
Other:	\$ 0.00	\$ 0.00
Taxes (<i>not deducted from wages or included in mortgage payments</i>) (<i>specify</i>):	\$ 0.00	\$ 0.00
Installment payments		
Motor vehicle:	\$ 250.00	\$ 0.00
Credit card (<i>name</i>):	\$ 177.00	\$ 0.00
Department store (<i>name</i>):	\$ 0.00	\$ 0.00
Other:	\$ -	\$ -
Alimony, maintenance, and support paid to others	\$ 0.00	\$ 0.00

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Regular expenses for operation of business, profession, or farm (<i>attach detailed statement</i>)	\$ 400.00	\$ 0.00
Other (<i>specify</i>):	\$ 0.00	\$ 0.00
Total monthly expenses:	\$ 2,890.00	\$ 0.00

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes No If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in conjunction with this lawsuit? Yes No

If yes, how much? \$ 300.00

11. Provide any other information that will help explain why you cannot pay the costs of these proceedings.

12. Identify the city and state of your legal residence.
Lorain, Ohio

Your daytime phone number: (440) 452-1982

Your age: 53 Your years of schooling: 12